

**DEPOSIT/SUBSTITUTION REQUEST FORM**

To: State of New Jersey - Department of Banking and Insurance (DOBI)  
Office of Solvency Regulation  
Attn: **Robert L. Edge**  
[robert.edge@dobi.state.nj.us](mailto:robert.edge@dobi.state.nj.us)  
Fax#: 609.454.8587  
P.O. Box 325  
Trenton, NJ 08625-0325

To: Bank Name  
Custodial Management Unit  
Attn: (Contact Person Name)  
[contactpersonname@anybank.com](mailto:contactpersonname@anybank.com)  
200,000 Any Place Avenue  
Any Place USA, New Jersey 00000

**Re: Commissioner of Banking and Insurance of the State of New Jersey as Trustee**

Account Number: \_\_\_\_\_ Company Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**In accordance with the administration of the Custodian Deposits held by you as Custodian for the New Jersey Department of Banking and Insurance, we request the following transaction(s):**

\_\_\_\_\_ Free Receive Securities      \_\_\_\_\_ Free Deliver Securities      \_\_\_\_\_ DVP (Delivery vs. Payment)  
\_\_\_\_\_ Bank to buy Securities      \_\_\_\_\_ Substitution of Securities

**Securities to be deposited:**

Cusip: \_\_\_\_\_ Description: \_\_\_\_\_  
Par/Current Face: \_\_\_\_\_ Original Face: \_\_\_\_\_ Price: \_\_\_\_\_  
Principal: \_\_\_\_\_ Interest: \_\_\_\_\_ Net \$: \_\_\_\_\_  
Trade Date: \_\_\_\_\_ Settlement Date: \_\_\_\_\_ Broker: \_\_\_\_\_  
Fed Wire Instructions: \_\_\_\_\_

**Securities to be released:**

Cusip: \_\_\_\_\_ Description: \_\_\_\_\_  
Par/Current Face: \_\_\_\_\_ Original Face: \_\_\_\_\_ Price: \_\_\_\_\_  
Principal: \_\_\_\_\_ Interest: \_\_\_\_\_ Net \$: \_\_\_\_\_  
Trade Date: \_\_\_\_\_ Settlement Date: \_\_\_\_\_ Broker: \_\_\_\_\_  
Fed Wire Instructions: \_\_\_\_\_

\_\_\_\_\_  
Name and Telephone Number of Company Representative

\_\_\_\_\_  
Signature of Company Representative - Date

**Company e-mails or faxes form to DOBI Representative (listed above)**

**Required consent by the Representative for the Commissioner of Banking and Insurance, State of New Jersey:**

\_\_\_\_\_  
Signature of DOBI Representative - Date

**DOBI e-mails or faxes form to Bank Representative for processing**

**Bank Representative acknowledges receipt of form:**

\_\_\_\_\_  
Signature of Bank Representative - Date

**Bank e-mails or faxes signed form to both the DOBI and Company Representative**

Comments: